

Background

- Knowledge about antibiotic utilization and individual prescribing pattern in Assisted Living Facilities (ALFs) is limited.

Objectives

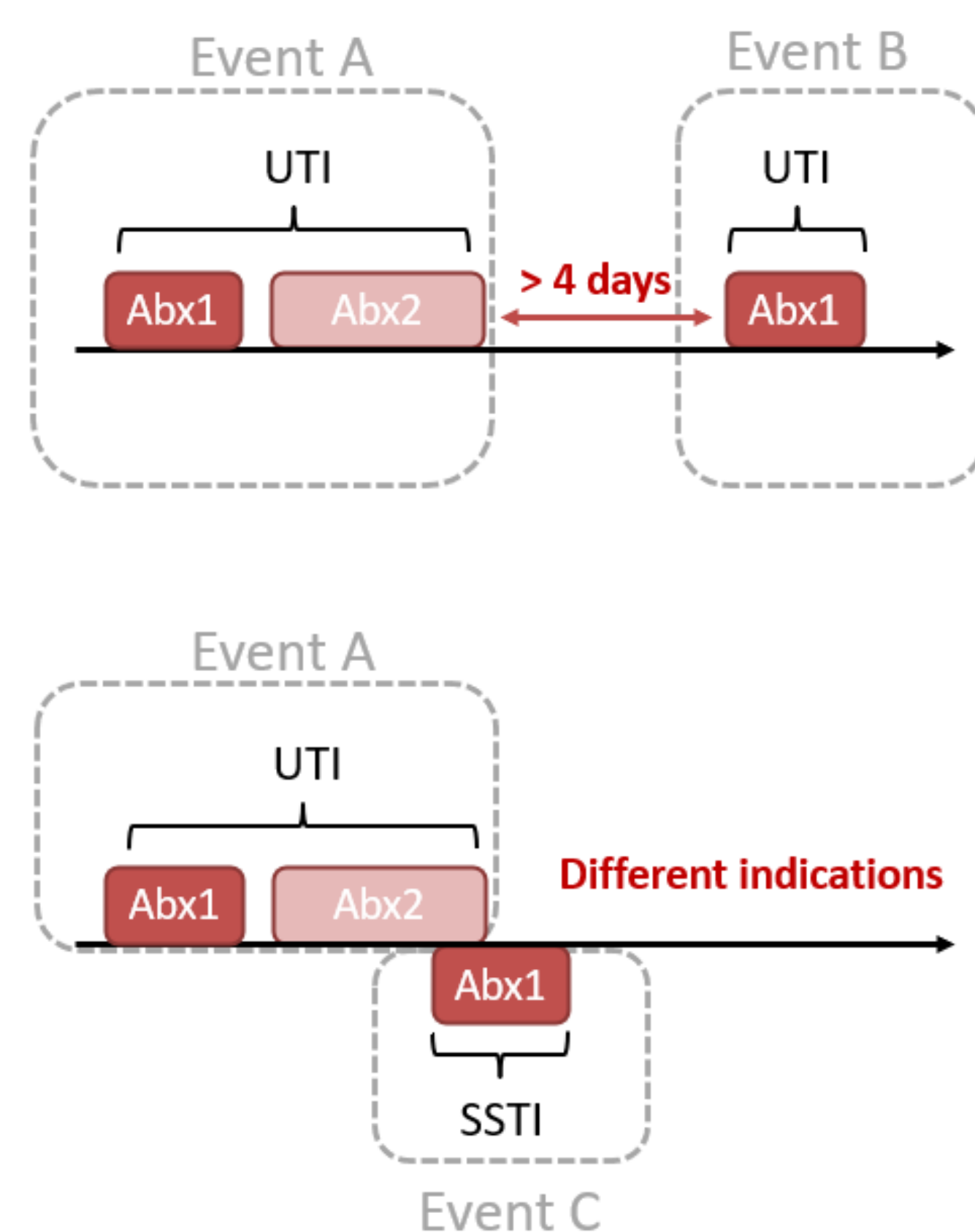
- Understand antibiotic prescribing patterns for residents in ALFs.
- Explore opportunities for antibiotic optimization in ALF settings.

Methods

- Data on antibiotic prescriptions from 3 ALFs in Wisconsin were collected for a one-year period.
- PRN orders were excluded from the analysis.
- Explore antibiotic spectrum changes with nursing home (NH) comparison.¹
- Descriptive statistics explored antibiotic prescribing patterns at the resident and event level.
- Antibiotic orders for the same resident were categorized as **distinct events** according to **Figure 1**.

Figure 1. Categorization of antibiotic events

- > 4 days between the end date of the prior antibiotic and the initiation date of subsequent antibiotic
- Different indication for the prior and subsequent antibiotic.



Results

Figure 2. Number of Event per Resident

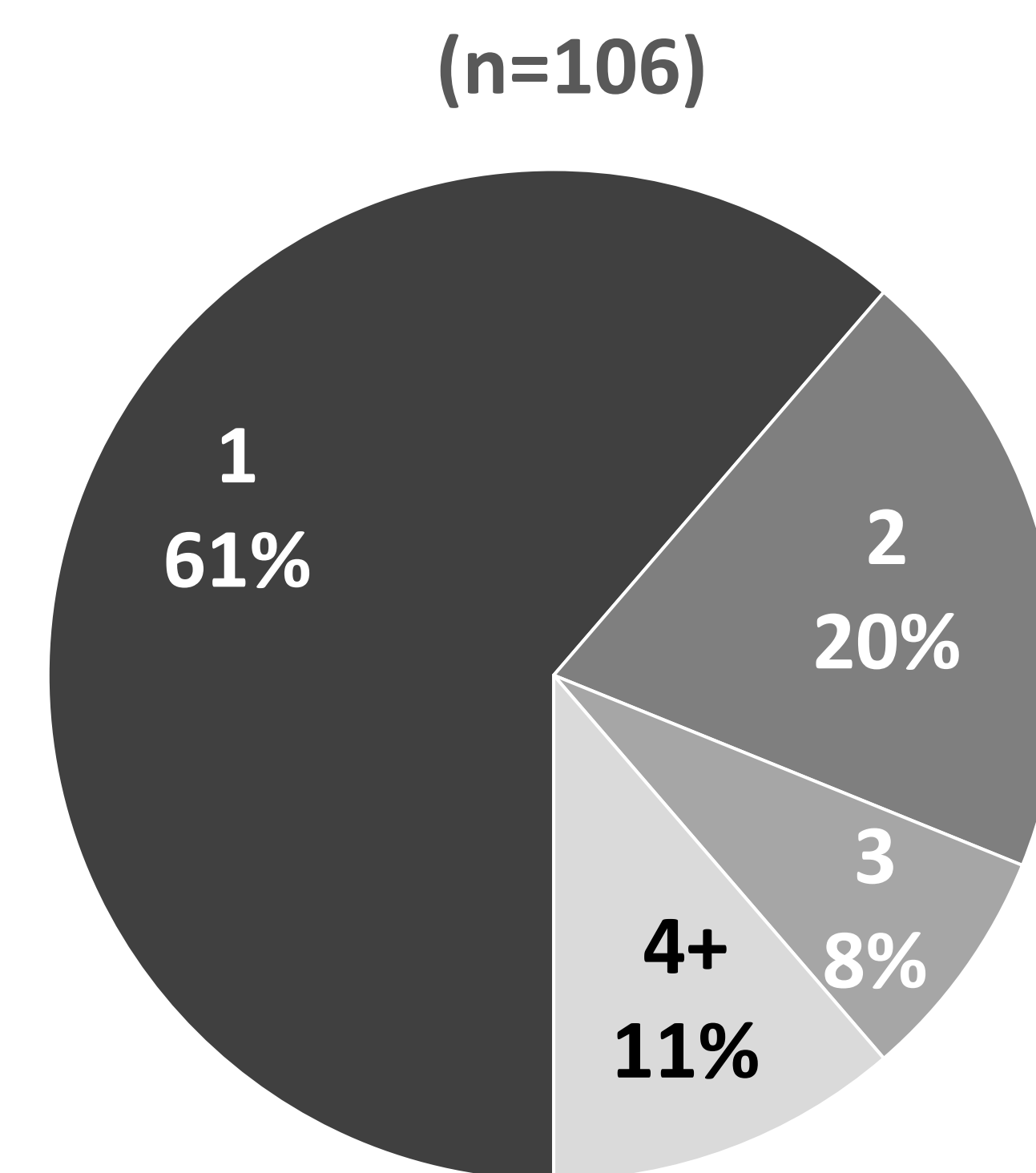
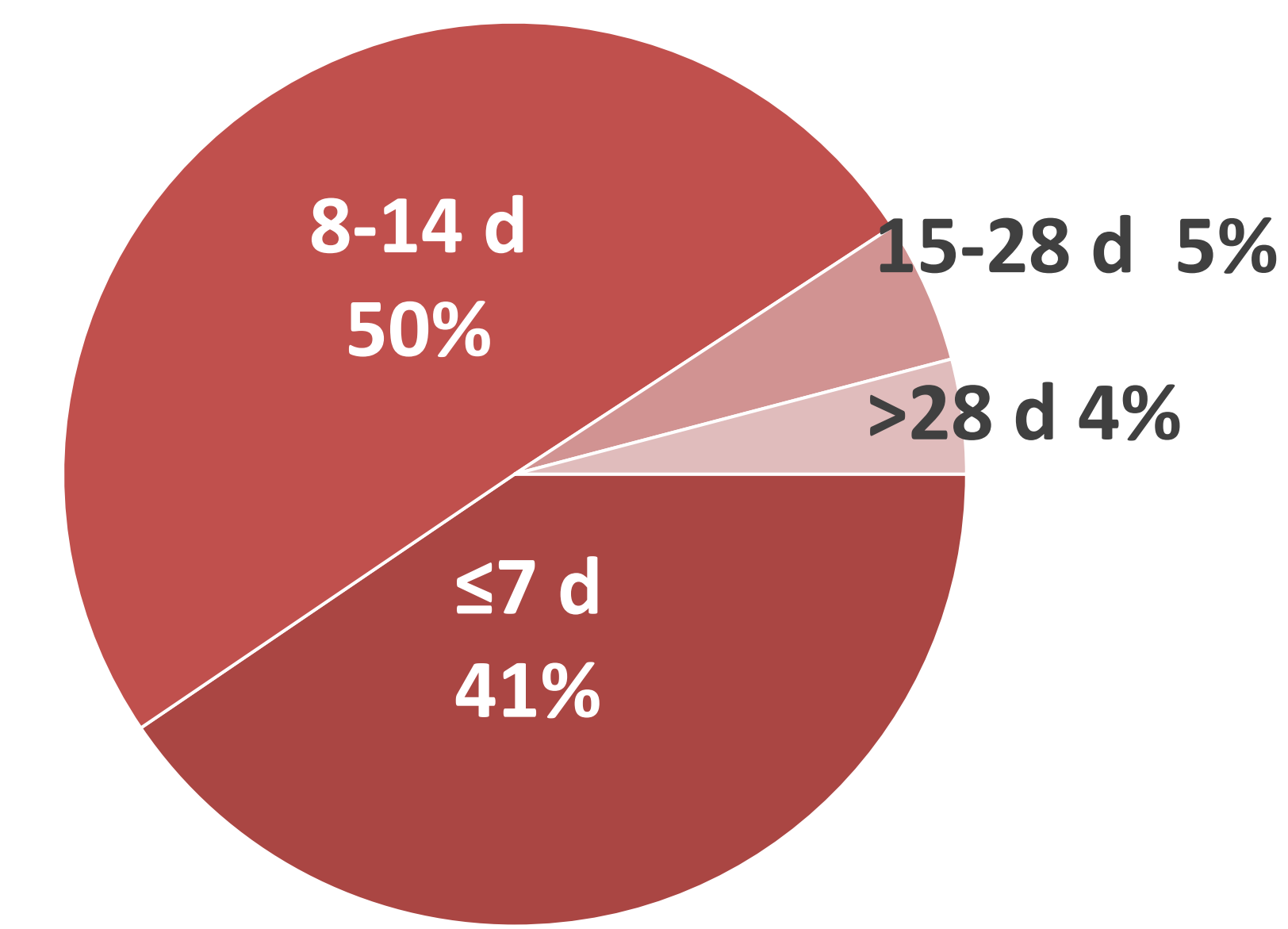
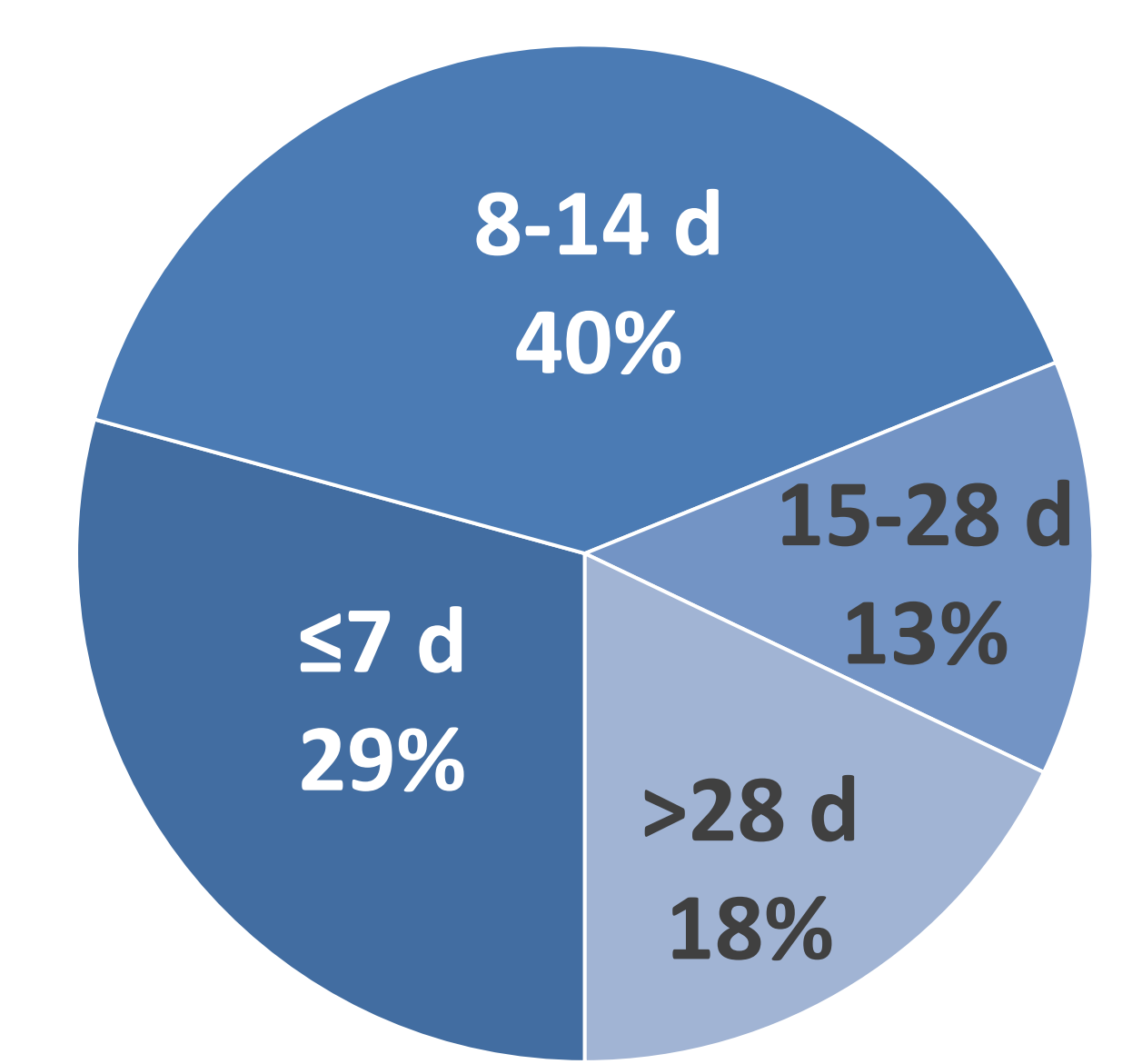


Figure 3. Treatment Duration

Treatment Duration per Event (n=195)



Treatment Duration per Resident (n=106)



The current study demonstrates multiple opportunities to improve antibiotic use in ALFs, including:

- shortening durations of treatments;
- specification of indication for the antibiotic; and
- reducing use of broad-spectrum antibiotics.

Figure 4. Indications

Events by indication (n=195)

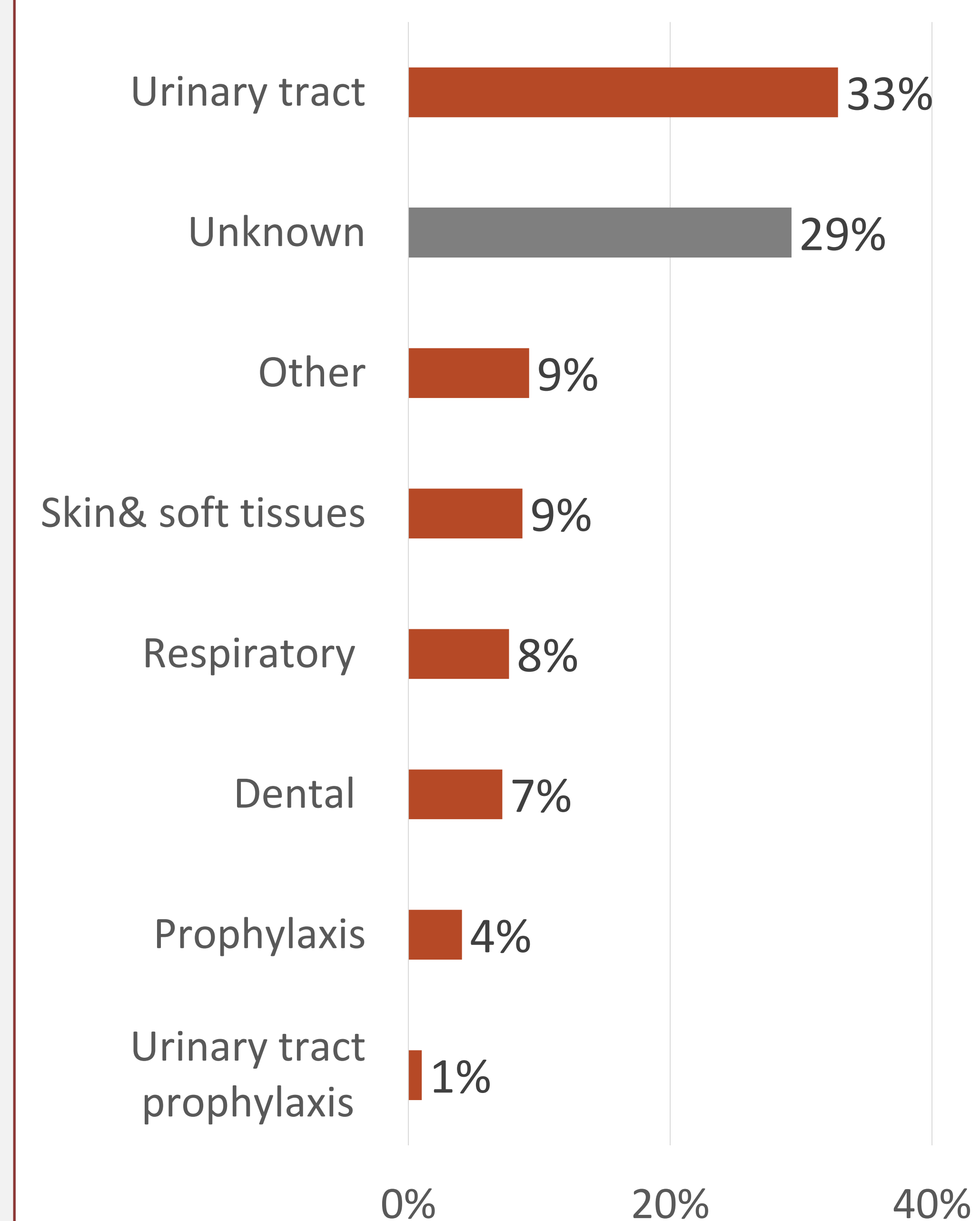
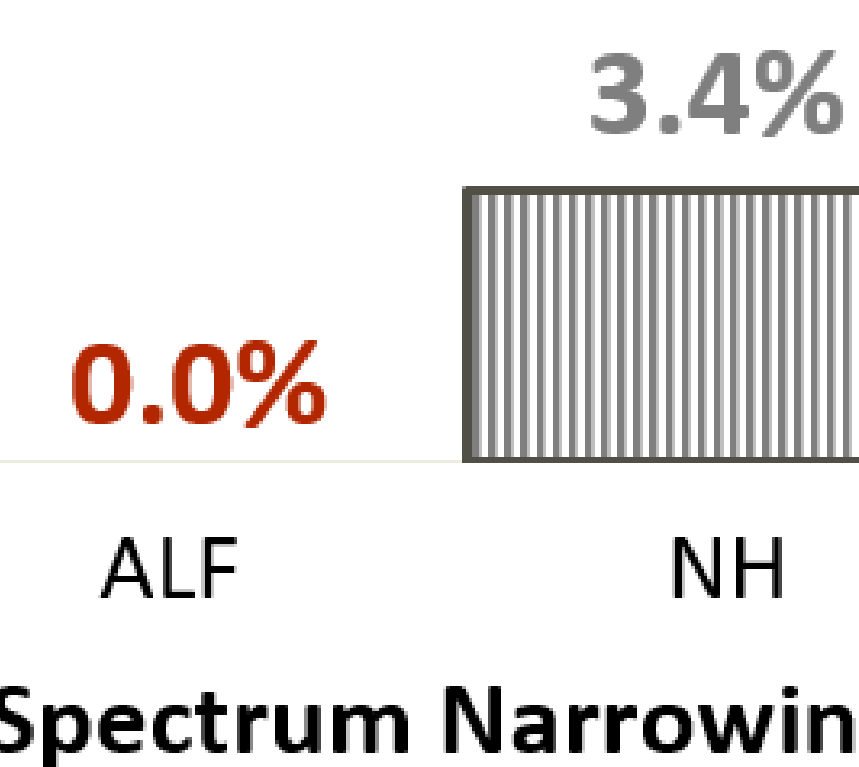


Figure 5. Spectrum Changes ALFs vs. NHs

Events Initiated with Broad Spectrum Abx



Events Initiated with Narrow Spectrum Abx

